Grant:	5D43TW005817-03	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	GARBER, ALAN M.	MD CLINICAL MEDICAL SCIENCES, OTHER
Title:	China-US Health and Aging Research Program	
Institution:	STANFORD UNIVERSITY	STANFORD, CA
Project Period:	2001/09/25-2004/04/30	

DESCRIPTION (provided by applicant): We propose a China-US Health and Aging Research Program to improve the quality and efficiency of health care delivery in China, generally by developing the health services research capacity in China, and specifically through research projects conducted by trainees targeted to address Chinese health policy priorities. Through a collaboration between Stanford University?s Center for Health Policy and Center for Primary Care and Outcomes Research (under its Center for Demography and Economics of Health and Aging, the "parent grant") and the China Health Economics Institute, we aim (1) to provide a US-based training program for new investigators in health services research from China, (2) to provide joint US-Chinese mentoring for trainee research performed as part of a degree-granting program in China; and (3) to augment training and research opportunities in China on health services research through seminars, conferences, and meetings. To prepare individuals to make outstanding contributions to the field, the China-US Health and Aging Research Program will combine supervised research experience with formal classroom instruction. The proposed program will both increase trainee expertise and foster long-term collaborations between participating faculty, other trainees, and outstanding health services researchers from around the world. Postdoctoral trainees will participate in a three-month preparatory language course, followed by a one-year intensive training and research program at Stanford University, including graduate courses in the field of health care research and policy as well as a directed research project. Upon completing the US training program, trainees will return to China to complete work on the directed research project at CHEI with their China mentors. This program will provide trainees with competence in the methodological tools of health services research; familiarity with major current issues, both nationally and internationally; the ability and insight to anticipate future issues; a working knowledge of the institutional structures of health care; and the ability to collaborate effectively with investigators from a different country and whose expertise may be in a different academic discipline. National and international workshops and symposia will provide exposure for trainees and opportunities to form ties with a wide network of peers and potential collaborators. The program is designed to provide maximum leverage throughout China and the region.

Grant:	5K23AG019652-03	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	COLEMAN, ERIC A	MD
Title:	Reducing Fragmentation Across Sites of Geriatric Care	
Institution:	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	AURORA, CO
Project Period:	2001/09/15-2004/06/30	

DESCRIPTION (provided by applicant): Candidate. Dr. Coleman has completed fellowships in the Robert Wood Johnson Clinical Scholars Program and Geriatric Medicine. He holds an appointment of Assistant Professor of Geriatric Medicine at the University of Colorado Health Sciences Center. The applicant's long-term goal is to develop a career as an independent investigator in patient-oriented research. His immediate goals are (a) to study care fragmentation in older patients who receive care in multiple settings; (b) obtain additional methodologic expertise with formal coursework; (c) participate in a team research environment learning all aspects of health services research in aging; and (d) participate in geriatric clinical activities. The Environment. Dr. Coleman's research office will be in the Center on Aging Research Section, which houses 18 health services researchers dedicated to the study of healthcare quality and outcomes in the older population. His sponsor is Dr. Andrew Kramer, Professor of Geriatric Medicine, and his co-sponsor is Dr. Richard Besdine, Director, Center for Gerontology and Health Care Research at Brown University. Dr. Coleman's formal research appointment with Kaiser Colorado will facilitate access to study subjects, utilization data and additional research collaborators. The Research. During an episode of illness, older patients often require care from different practitioners in multiple settings, placing them at risk for receiving fragmented care. Effective interventions are needed to reduce care fragmentation across settings of geriatric care. However, this line of inquiry is severely constrained by the absence of a validated instrument designed to measure the important attributes of care fragmentation. Our first aim is to develop and test a care fragmentation instrument. Our second aim is to test the feasibility of an intervention designed to reduce care fragmentation. Our third aim is to initiate a randomized controlled trial of this intervention. The results of this research will improve our ability to quantify care fragmentation and subsequently measure the effectiveness of a targeted intervention.

Grant:	5R01AG013987-06	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	FENNELL, MARY L	BS
Title:	Post-BBA Changes in Rural Hospital LTC Strategies	
Institution:	BROWN UNIVERSITY	PROVIDENCE, RI
Project Period:	1996/08/15-2005/05/31	

DESCRIPTION (provided by applicant): The ongoing implementation of the 1997 Balanced Budget Act (BBA) and the 1999 Balanced Budget Refinement Act (BBRA) continues to adversely affect reimbursements to hospitals and post-acute/long-term care providers. Reimbursement incentives in each setting may be having the practical effect of limiting access to care for Medicare patients requiring complex and costly services, thus further fragmenting the fee-for-service (FFS) continuum of care for the most vulnerable Medicare beneficiaries. A fragmented continuum of care is especially problematic in rural areas, where disruptions can leave large gaps in access to care if the strategic options of providers are constrained or inter-provider relationships (e.g., hospital to nursing home) are weak. Although the intended effects of the BBA and BBRA were to control costs, there are a wide range of possible unintended effects on rural hospitals, their hospital-based nursing homes and home health agencies, and the relationship between hospitals and external post-acute and long-term care providers. The unintended effects on rural hospitals may involve their adoption and/or abandonment of integration strategies, which in turn may affect the care of rural Medicare beneficiaries as well as the overall financial performance of rural hospitals. The results of our earlier study of rural hospitals and their post-acute and long-term care strategies offer a unique baseline from which to examine the unintended effects of the BBA and BBRA. We plan to address three specific aims: (1) To assess how the BBA and BBRA have affected the organizational strategies of rural hospitals to either diversify into long-term care or link to external providers of long-term care; (2) To assess the impact of BBA and BBRA-related strategic behavior on the timing and placement of discharges among at-risk Medicare patients treated in rural hospitals; and (3) To assess the impact of BBA and BBRA-related strategy changes on the financial performance of rural hospitals.

Grant: 5R01AG020261-02

Program Director: PATMIOS, GEORGEANNE

Principal Investigator: MACKENZIE, ELLEN J PHD BIOSTATISTICS:BIOSTATISTICS-UNSPEC

Title: 'Costs & Effectiveness of Trauma Care in the Elderly'

Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE, MD

Project Period: 2002/03/01-2005/02/28

DESCRIPTION (provided by applicant): Each year, nearly one million elders are hospitalized for treatment of an acute traumatic injury, and these figures are expected to increase as the proportion of the population that is older grows and their risk of falls, motor vehicle crashes and assaults increases due to improved overall health status and mobility. The outcome from trauma in the elderly is often poor as it serves as the incipient event in a cascade leading to immobility, incapacity and death. While a systems approach to the delivery of trauma care (with triage of the more acutely injured to designated tertiary care facilities or trauma centers) is widely advocated for improving these outcomes, there is substantial evidence to suggest that one half to two thirds of older adults with major trauma are not currently being treated at trauma centers, a far higher proportion than in younger patients. Available data, however, do not allow us to determine if outcomes are indeed better in trauma centers versus non-trauma centers. Even fewer data are available for comparing the costs of care received in trauma centers and non-trauma center hospitals. The aims of the proposed study are three-fold: (1) to estimate the costs associated with the acute care and post-acute care of the elderly trauma patient and to compare these costs for patients treated at trauma centers and non-trauma centers; (2) to examine the contribution of pre-existing medical conditions on costs and outcomes following trauma in the elderly and to examine trauma center/non-trauma center differences among the elderly with pre-existing conditions; and (3) to describe the relationship between costs and outcomes of care received in trauma centers and non-trauma centers and examine the implications of these relationships for policy and program initiatives. The study takes advantage of an existing effort that is collecting one-year outcomes on over 3,000 elderly trauma patients treated at trauma centers and non-trauma centers. The current request is for funding an analysis of Medicare claims data. This analysis would substantially improve our ability to estimate costs of both acute and post-acute care related to the injury as well as provide better information on pre-injury morbidity which is known to substantially affect both outcomes and cost.

Grant:	5R01AG020557-02	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	MOR, VINCENT	PHD OTHER AREAS
Title:	State Policies and Hospitalizations from Nursing Homes	
Institution:	BROWN UNIVERSITY	PROVIDENCE, RI
Project Period:	2002/08/01-2005/07/31	

DESCRIPTION (provided by applicant): Every 6 months, nearly 25 percent of nursing home residents are hospitalized in the U.S. This figure varies considerably within and between states. In spite of the high cost and iatrogenic problems associated with hospitalizing nursing home residents, and observed inter-state variation, there has been little systematic study of the influence of state policy on these rates and whether this influence may be differential for subgroups of vulnerable residents. Preliminary evidence suggests that states with low Medicaid nursing home payment rates tend to have higher hospitalization rates. A more complete analysis of how state policies affect the strategic clinical and management investment choices nursing homes make should inform the development of more coherent and equitable state and federal policies affecting this highly vulnerable population. Using MDS data and matched Medicare hospital claims for all long stay nursing home residents, in all non-hospital based facilities in the 48 contiguous states merged with facility-level Online Survey Certification Automated Records (OSCAR) data, market-level information from the Area Resource File, and data on state policies, we propose examining the effect of state policies on hospitalization as mediated by nursing homes? investments in medical and managerial resources. The specific aims are: (1) To characterize inter and intra state variation in the long-stay nursing home population, particularly the dually eligible population, in terms of patients? clinical conditions and their concentration. (2) To examine the relationship between state Medicaid nursing home policies and facilities? investment in medically relevant clinical and managerial infrastructure to care for long-stay Medicaid residents. (3) To model the unique association of facility and state-level factors with hospitalization events among long-stay nursing home residents. (4) Using the model developed in (3), to summarize the moderating effects of state Medicaid payment rates and policies on the relationship between facility context and hospitalization for specific sub-populations of long-stay residents: (4a) prevalence of cognitively impaired residents and/or availability of special dementia unit among cognitively impaired residents; (4b) prevalence of African Americans; and (4c) prevalence of dually eligible residents. The results of the proposed study should inform extant theories about how long term care providers respond to exogenous policy shocks, the relative competitiveness of the market and local resource constraints. These theoretical insights will help shape the policy implications emerging from the study.

Grant:	3R01AG020557-02S1	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	MOR, VINCENT M	
Title:	State Policies and Hospitalizations from Nursing Homes	
Institution:	BROWN UNIVERSITY	PROVIDENCE, RI
Project Period:	2002/08/01-2005/07/31	

DESCRIPTION (provided by applicant): Every 6 months, nearly 25 percent of nursing home residents are hospitalized in the U.S. This figure varies considerably within and between states. In spite of the high cost and iatrogenic problems associated with hospitalizing nursing home residents, and observed inter-state variation, there has been little systematic study of the influence of state policy on these rates and whether this influence may be differential for subgroups of vulnerable residents. Preliminary evidence suggests that states with low Medicaid nursing home payment rates tend to have higher hospitalization rates. A more complete analysis of how state policies affect the strategic clinical and management investment choices nursing homes make should inform the development of more coherent and equitable state and federal policies affecting this highly vulnerable population. Using MDS data and matched Medicare hospital claims for all long stay nursing home residents, in all non-hospital based facilities in the 48 contiguous states merged with facility-level Online Survey Certification Automated Records (OSCAR) data, market-level information from the Area Resource File, and data on state policies, we propose examining the effect of state policies on hospitalization as mediated by nursing homes? investments in medical and managerial resources. The specific aims are: (1) To characterize inter and intra state variation in the long-stay nursing home population, particularly the dually eligible population, in terms of patients? clinical conditions and their concentration. (2) To examine the relationship between state Medicaid nursing home policies and facilities? investment in medically relevant clinical and managerial infrastructure to care for long-stay Medicaid residents. (3) To model the unique association of facility and state-level factors with hospitalization events among long-stay nursing home residents. (4) Using the model developed in (3), to summarize the moderating effects of state Medicaid payment rates and policies on the relationship between facility context and hospitalization for specific sub-populations of long-stay residents: (4a) prevalence of cognitively impaired residents and/or availability of special dementia unit among cognitively impaired residents; (4b) prevalence of African Americans; and (4c) prevalence of dually eligible residents. The results of the proposed study should inform extant theories about how long term care providers respond to exogenous policy shocks, the relative competitiveness of the market and local resource constraints. These theoretical insights will help shape the policy implications emerging from the study.

Grant:	5R01AG019284-02	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	MORGAN, ROBERT O	PHD
Title:	Medicare + Choice a nd Minority Elderly	
Institution:	BAYLOR COLLEGE OF MEDICINE	HOUSTON, TX
Project Period:	2002/09/30-2005/08/31	

DESCRIPTION (provided by applicant): Medicare is specifically mandated to provide health care services to elderly and/or disabled United States residents, as well as those with end stage renal disease. Although Medicare has been successful in dramatically improving both the access to care and the overall health of its constituents, studies have shown inequalities in care associated with the race/ethnicity of Medicare beneficiaries. On the surface, Medicare health maintenance organizations (HMOs) appear to address some of the factors associated with these inequalities, however, the Medicare HMO program, now called Medicare+Choice (M+C), is itself undergoing substantial program changes as a result of the Balanced Budget Act (BBA) and subsequent revisions, e.g., the Balanced Budget Revision Act (BBRA) and the Benefits Improvement and Protection Act (BIPA). This study has two broad objectives. First, we will determine individual level characteristics related to M+C plan enrollment among elderly White, Black, and Hispanic Medicare beneficiaries, whether the factors which elderly Black and Hispanic beneficiaries report as influencing their enrollment in HMOs differ from those that influence elderly White Medicare beneficiaries, and whether elderly Black and Hispanic beneficiaries enrolled in HMOs differ from HMO enrolled elderly White beneficiaries in terms of their self-reported health, use of health care, and perceived access to care. Second, we will examine the availability of Medicare HMOs and benefit packages for beneficiaries of differing race/ethnic classifications, how HMO enrollment rates are related to race/ethnic classification and range of plan benefits, and how the availability of HMOs and HMO enrollment by different race/ethnic groups changed subsequent to implementation of BBA provisions. We will use both survey and population-based (using Medicare administrative data and other population-based data) methodologies to examine individual and system level factors affecting access to and use of medical care, the availability of plans and services, and plan selection by enrollees. This study will provide the first comprehensive examination of both individual and system level factors affecting minority use of the Medicare HMOs, and will provide needed information on how the evolving Medicare system is affecting health care for Black and Hispanic Medicare beneficiaries.

Grant:	3R01AG019284-02S1	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	MORGAN, ROBERT O	PHD OTHER AREAS
Title:	Medicare + Choice a nd Minority Elderly	
Institution:	BAYLOR COLLEGE OF MEDICINE	HOUSTON, TX
Project Period:	2002/09/30-2005/08/31	

DESCRIPTION (provided by applicant): Medicare is specifically mandated to provide health care services to elderly and/or disabled United States residents, as well as those with end stage renal disease. Although Medicare has been successful in dramatically improving both the access to care and the overall health of its constituents, studies have shown inequalities in care associated with the race/ethnicity of Medicare beneficiaries. On the surface, Medicare health maintenance organizations (HMOs) appear to address some of the factors associated with these inequalities, however, the Medicare HMO program, now called Medicare+Choice (M+C), is itself undergoing substantial program changes as a result of the Balanced Budget Act (BBA) and subsequent revisions, e.g., the Balanced Budget Revision Act (BBRA) and the Benefits Improvement and Protection Act (BIPA). This study has two broad objectives. First, we will determine individual level characteristics related to M+C plan enrollment among elderly White, Black, and Hispanic Medicare beneficiaries, whether the factors which elderly Black and Hispanic beneficiaries report as influencing their enrollment in HMOs differ from those that influence elderly White Medicare beneficiaries, and whether elderly Black and Hispanic beneficiaries enrolled in HMOs differ from HMO enrolled elderly White beneficiaries in terms of their self-reported health, use of health care, and perceived access to care. Second, we will examine the availability of Medicare HMOs and benefit packages for beneficiaries of differing race/ethnic classifications, how HMO enrollment rates are related to race/ethnic classification and range of plan benefits, and how the availability of HMOs and HMO enrollment by different race/ethnic groups changed subsequent to implementation of BBA provisions. We will use both survey and population-based (using Medicare administrative data and other population-based data) methodologies to examine individual and system level factors affecting access to and use of medical care, the availability of plans and services, and plan selection by enrollees. This study will provide the first comprehensive examination of both individual and system level factors affecting minority use of the Medicare HMOs, and will provide needed information on how the evolving Medicare system is affecting health care for Black and Hispanic Medicare beneficiaries.

Grant: 1R01AG021648-01A1

Program Director: PATMIOS, GEORGEANNE

Principal Investigator: MURAMATSU, NAOKO PHD

Title: STATE LONG TERM CARE POLICIES AND ELDERLY WELL-BEING

Institution: UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO, IL

Project Period: 2003/08/01-2007/07/31

DESCRIPTION (provided by applicant): Elderly persons with functional limitations face long term care (LTC) policy alternatives that are largely determined at the state level. States vary greatly in their efforts to transform LTC systems that rely almost exclusively on institutional services to those that provide services in alternative settings including home and community-based services (HCBS). The proposed study has two broad objectives: (1) to investigate how trajectories of LTC use and well being among elderly persons vary, as a function of state level policies and across cohorts, and (2) to obtain in-depth understanding of state LTC policy contexts. The first objective will be achieved in Part I of the proposed study, which centers on multilevel modeling of state-level LTC policies and individual-level trajectories of LTC use and well being. The analysis will use longitudinal data from the Health and Retirement Study (HRS,1993, 1995, 1998, 2000, and 2002) and National Long-Term Care Survey (NLTCS, 1989, 1994, and1999), which will be merged with state-level LTC policy data, using the state identifiers available in the HRS and NLTCS data sets. Since LTC policies and the characteristics of elderly cohorts needing care change over time, Part I also involves the compilation of state-level LTC policy data that cover the survey years of HRS and NLTCS as well as multiple cohort analysis. The second objective will be achieved in Part II, which consists of case studies of 2 states (New York and Illinois). Both states are similar in that they have a major metropolitan area with diverse populations as well as large upstate or downstate rural areas, but differ markedly in terms of political background, LTC systems, HCBS expenditures, and programs/services offered. In-depth state policy contextual information will be obtained through site visits (interviews with state officials, LTC provider associations, advocacy group representatives and other stakeholders) and from public documents, websites, and electronic data files. In addition, trajectories of LTC utilization and well being among HRS and NLTCS respondents of the 2 states will be described and compared. Part I and Part II will proceed simultaneously to inform each other throughout the four-year study period.

Grant:	1R01AG021950-01	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	SCHNEEWEISS, SEBASTIAN	MD
Title:	Effects of income-based drug charges on older Patients	
Institution:	BRIGHAM AND WOMEN'S HOSPITAL	BOSTON, MA
Project Period:	2003/09/01-2007/05/31	

DESCRIPTION (provided by investigator): Policies to contain prescription drug costs in the elderly are widely debated because they will impact heavily on the health of older Americans as well as affect the fundability of federal and statewide programs of drug coverage for the elderly. Many coverage plans include annual deductibles that require the patient to pay 100% of drug costs out-of-pocket until a predefined deductible limit is reached. Income-based deductibles set these limits to vary directly with the patient's income status. Although we have shown earlier that some drug cost containment methods can result in net health care savings without adverse outcomes in an elderly population (R01-HS10881), it remains unclear to what extent income-based deductibles may adversely affect adherence to chronic drug therapy and health outcomes in elderly and poor patients. Based on our earlier work we propose to study the clinical and economic consequences of an income-based deductible policy in a large-scale natural experiment in the province of British Columbia. Starting January 2003, all residents 65+ (about 500,000) will be subjected to such a policy. We will use longitudinal data analysis for linked individual-level health care data describing medication use, other health care use, and clinical events in all such patients. Additional analyses will implement patients'self-report in a subgroup of patients. We will focus on specific drug classes and chronic conditions that are prevalent in elderly patients in which a dose reduction or discontinuation would be most important, or likely cause measurable adverse health effects. The project will produce the first data describing the clinical and economic consequences of such a cost-containment policy in a large and stable population of older patients. It will also analyze savings for drug benefit plans and the impact of financial contributions by patients. Its findings will be of great importance for the ongoing debate over proposed programs for drug coverage in the elderly and will provide a set of refined recommendations and tools for planning, implementing, and executing future policies. A separate dissemination component will bring together researchers and policymakers from a variety of settings to review these findings and assess their relevance to emerging research and policy issues related to drug therapy for the elderly.

Grant:	5R01AG020909-03	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	THOMAS, DUNCAN	PHD MATHEMATICS:MATHEMATICS-UNSPEC
Title:	Micro Foundations of Health and Development	
Institution:	UNIVERSITY OF CALIFORNIA LOS ANGELES	LOS ANGELES, CA
Project Period:	2001/09/30-2006/08/31	

DESCRIPTION: This project will provide new evidence on the inter-relationships between health and economic prosperity at the micro-level, drawing on extremely rich longitudinal data from Indonesia. The data contain multiple indicators of both health status and economic outcomes of individuals over time. Health indicators include nutritional status, physical assessments and self-reports of both general and specific health problems. Indicators of economic status span labor force participation, type of work, hours worked, hourly earnings, wealth and consumption. Causality between health and economic status likely runs in both directions: isolating the causal effect of health on labor market outcomes lies at the heart of this study. Particular attention will be paid to the dynamics underlying the effect of health on labor outcomes; older adults are more likely to experience transitions in health and economic status and so will be emphasized. Indonesia is in the throes of a dramatic economic crisis; the immediate and medium term effects of the crisis on health and labor outcomes will be explored. These analyses will draw on the Indonesia Family Life Survey, (IFLS), a longitudinal survey of individuals, households and communities who have been interviewed up to four times between 1993 and 2000. The combination of the temporal variation associated with the economic shock, the tremendous diversity of Indonesia and the longitudinal dimension of IFLS provides a unique opportunity to identify the effect of health on economic status. Recognizing that analyses based on these statistical models involve assumptions about unobserved heterogeneity, this evidence will be complemented with results from a treatment-control intervention, the Iron Supplementation and Work Evaluation (ISWE), which will be conducted in Central Java. ISWE will be designed and fielded to pin down the causal effect of iron deficiency on an array of labor market behaviors and outcomes. Taking the results from IFLS and ISWE in combination, it will be possible to draw conclusions with considerably more confidence than would otherwise be the case. The research and data collection will be conducted as part of a collaboration of researchers at RAND and two centers at the University of Gadjah Macla (UGM), the Population Studies Center and the Community Health and Nutrition-Research Laboratory.

Grant:	7R03AG021485-02	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	VAN HOUTVEN, COURTNEY H	PHD HEALTH POLICY
Title:	Informal Care of Older Adults and Medicare Expenditures	
Institution:	DUKE UNIVERSITY	DURHAM, NC
Project Period:	2002/09/30-2004/08/31	

DESCRIPTION (provided by applicant): Informal care of the elderly by their adult children is a common form of long-term care, is often preferred by the elderly to formal care, and can reduce Medicare expenditures if it substitutes for formal care. While we know a great deal about informal caregivers, only recently have researchers quantified that informal care is a net substitute for long-term care. Little is known about how informal care affects Medicare expenditures, yet concerns about the solvency of the Medicare trust fund are escalating. Current projections by the Medicare Trustees show that the Medicare trust fund will be depleted in the year 2029 (CMS, 2001). This proposed study will determine whether the reductions in formal care from informal care lead to reductions in Medicare expenditures for home health, skilled nursing, and hospital use. Data uniquely suited to address questions of informal care and Medicare expenditures will be analyzed. The data are Medicare Claims merged with the Asset and Health Dynamics Among the Oldest-Old panel survey. The long panel data period (1992-2000) allows for a rich view of informal and formal care behavior for a nationally representative sample of adults age 70 and above, and requires use of longitudinal data analysis methods. In addition, the endogeneity of informal care in predicting expenditures requires the use of simultaneous equations methods. Instrumental variables (IV) estimation will be used to control for endogeneity, using child-level identifying instruments that have been used and validated in numerous studies. Two-part expenditure models will be used to model the expenditure behavior of the elderly for home health, skilled nursing, and hospital use. Informal care is important because it is the first line of defense for older adults who have faced a loss of independence. Ultimately informal care a effects the health status of the frail elderly, their ability to live independently, and expenditures on health care. Finding a relationship between informal care and Medicare expenditures would provide a strong impetus to examine Medicaid expenditures, would signal policymakers to include informal care supply changes in Medicare Trust fund projections, and would begin to inform the policy process about the cost-effectiveness of caregiver policies.

Grant:	5R37AG011624-10	
Program Director:	PATMIOS, GEORGEANNE	
Principal Investigator:	MOR, VINCENT	PHD OTHER AREAS
Title:	DO GOOD NURSING HOMES ACHIEVE GOOD OUTCOMES?	
Institution:	BROWN UNIVERSITY	PROVIDENCE, RI
Project Period:	1994/07/01-2004/06/30	

The proposed project relies upon a combination of primary and secondary data sources assembled at the facility and resident level to test the proposition that residents of nursing homes with formalized, protocol driven approaches to caring for the physiological needs of residents will experience reduced rates of pressure ulcers and lower extremity contractures compared with homes that allow autonomy and clinical decision making discretion but that the opposite relationship will be observed for psychosocial outcomes, such as well-being and distressed mood. A sample of 360 facilities, stratified by ownership, size and urban location will be drawn from the 6 states participating in HCFA's Multi-State Case-Mix Demonstration project. MDS+ data available longitudinally (at 6 and 12 months post-baseline) in computerized form for all residents of homes will be obtained for participating homes as will the most recent MMACS data. Directors of nursing and a unit charge nurse in all homes will be interviewed by telephone to characterize the internal management structure, lines of communication and responses to changes in the environment as well as about the nursing care processes in place to guide staff behavior viz. care planning, service delivery and interaction with residents. The Area Resource File (ARF) will be used to describe the health care and resource environment in which the facility is situated. These four sources of data will be merged and analyses undertaken with the resident as the unit of analysis. We will ascertain whether the data are consistent with our hypothesis that, contingent upon the type of resident outcome (e.g. physiologic vs. psychologic), the relative importance of the type of control and communication strategies in place predict the two types of resident outcome will vary. Further, we will explore the various aspects of nursing home functioning and operation, including staff turnover and other indicators of leadership, and their relationship to whether homes achieve good outcomes in several, or only one, resident outcome domain. This latter exploratory data analysis step is crucial to derive from the theoretical results insights about how to intervene in a nursing home to improve the chance of achieving positive outcomes.